



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Wakabayashi et al.

Serial Number: 10/633,162

Filed: July 30, 2003

Title: Syringe Pump

Confirmation No.: 7506

Attorney Docket No.: Tsuchiya F5384

Commissioner of Patents  
MAIL STOP MISSING PARTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

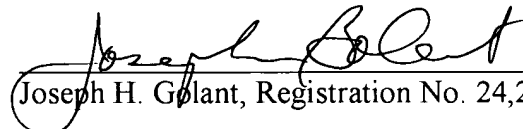
**STATEMENT BY ATTORNEY THAT APPLICATION FILED IN PTO  
IS THE ONE INVENTORS EXECUTED BY SIGNING DECLARATION**

Dear Sir:

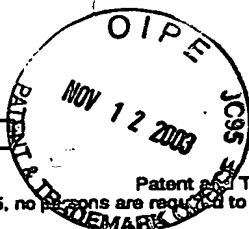
I, Joseph H. Golant  
Jones Day  
Suite 3500  
77 West Wacker Drive  
Chicago, Illinois 60601-1692  
Tel. No.: (312) 782-3939

I state I am the attorney for this application and the application identified above is the application which the inventors executed by signing the declaration which is being submitted herewith

Respectfully submitted,

  
Joseph H. Golant, Registration No. 24,210

Please type a plus sign (+) inside this box →



PTO/SB/01 (12-97)

Approved for use through 8/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

- ☐ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

the specification of which

- ☐ is attached hereto  
OR

(Title of the invention)

- ☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2002-235767	Japan	August 13, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

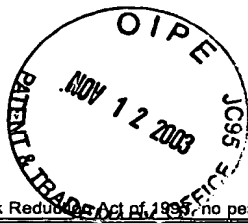
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.


(July 1998)

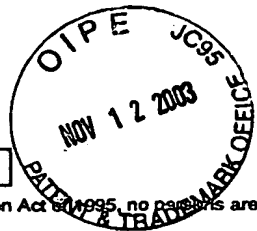


PTO/SB/01 (10-01)  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 		OR <input type="checkbox"/> Correspondence address below	
<b>28104</b> PATENT & TRADEMARK OFFICE					
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Keisuke			Family Name or Surname Wakabayashi		
Inventor's Signature <i>Keisuke Wakabayashi</i>			Date July 23, 2003		
Residence: City Saitama-shi		State Saitama		Country Japan	
Citizenship Japan					
c/o Atom Medical Corporation Urawa Factory					
Mailing Address 2-1, Dojo 2-chome, Sakura-ku					
City Saitama-shi		State Saitama		ZIP 336-0001	
Country Japan					
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any)) Tatsuhiko			Family Name or Surname Seki		
Inventor's Signature <i>Tatsuhiko Seki</i>			Date July 23, 2003		
Residence: City Honjo-shi		State Saitama		Country Japan	
Citizenship Japan					
c/o Atom Medical Corporation Urawa Factory					
Mailing Address 2-1, Dojo 2-chome, Sakura-ku					
City Saitama-shi		State Saitama		ZIP 336-0001	
Country Japan					
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box → ☐

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PTO/SB/02A (3-97)  
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## DECLARATION

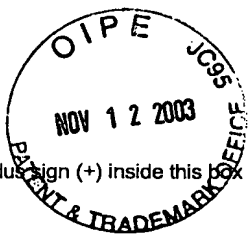
## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Kazuo				Matsubara			
Inventor's Signature						Date	July 23, 2003
Residence: City	Bunkyo-ku	State	Tokyo	Country	Japan	Citizenship	Japan
Post Office Address	c/o Atom Medical Corporation, 18-15 Hongo 3-chome						
Post Office Address							
City	Bunkyo-ku	State	Tokyo	ZIP	113-0033	Country	Japan
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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(July 1998)



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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

☒ Practitioners at Customer Number

28104

OR

☐ Practitioner(s) named below:

Name	Registration Number



PATENT & TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Signature

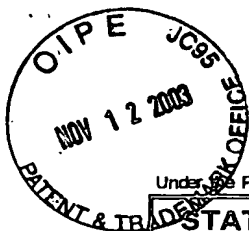
Date

KAZUO MATSUBARA  
*Kazuo Matsubara*  
July 23, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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OMB 0651-0031

**STATEMENT CLAIMING SMALL ENTITY STATUS**  
**(37 CFR 1.9(f) & 1.27(c))—SMALL BUSINESS CONCERN**

Docket Number (Optional)

Applicant, Patentee, or Identifier: \_\_\_\_\_  
Application or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
Title: \_\_\_\_\_

I hereby state that I am

- ☐ the owner of the small business concern identified below:  
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN \_\_\_\_\_

ADDRESS OF SMALL BUSINESS CONCERN \_\_\_\_\_

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.  
☐ the application identified above.  
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.  
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Kazuo Matsubara

TITLE OF PERSON IF OTHER THAN OWNER President  
c/o Atom Medical Corporation, 18-15,

ADDRESS OF PERSON SIGNING Hongo 3-chome, Bunkyo-ku, Tokyo, Japan

SIGNATURE Kazuo Matsubara DATE July 23, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(July 1999)